FE1AN048.PDF

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. RECEIVED 1. (a) NAME OF COMMITTEE IN FULL 2012 OCT 31 AM 10: 27 FEC MAIL CENTER (b) Number and Street Address 2. FEC IDENTIFICATION NUMBER (c) City, State and ZIP Code TYPE OF COMMITTEE (check one) STATE PARTY T OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: _ FEC Identification Number: **STATUS BY QUALIFICATION:** 5. (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.): Name Office Sought State/District Date (i) (ii) (iii) (iv) Contributors: The committee received a contribution from its 51st contributor (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF DATE TREASURER NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Toll-free 800-424-9530 Local 202-694-1100

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(Revised 1/2001)